

#### NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

# SHANNON ZIMMERMAN

who resides at **429 Jefferson Street, in the City of River Falls, Wisconsin 54022** be placed on the ballot at the general election to be held on **November 3, 2020** as a candidate representing the Republican Party so that voters will have the opportunity to vote for **him** for the office of **Representative to the Assembly in Wisconsin's 30th Assembly District.** I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

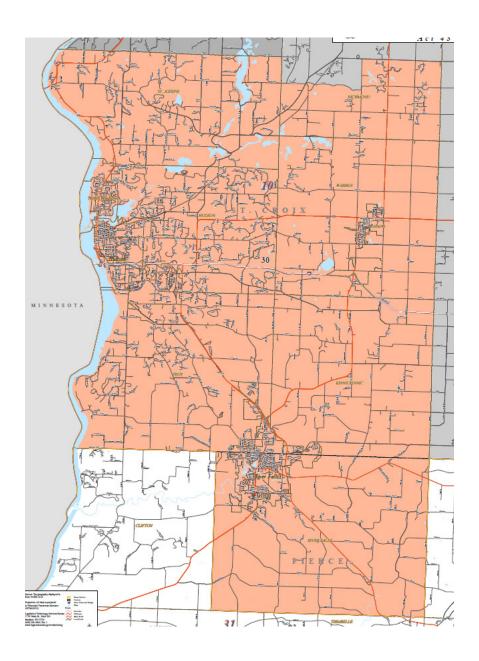
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Signatures of Electors	Printed Name of Electors	Residential Address (No.P.O.Box Addresses) Street & Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Month/Day/Year	Email Address
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	CERTIFICA	ATION OF CIRCULATOR		•	

personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence given. I intend to

(Signature of circulator)

support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).



# Instructions for Circulating Nomination Papers for Shannon Zimmerman

- Any eligible voter who is a district resident and age 18 or older may sign the nomination paper.
- Do not leave the nomination paper unattended, for example, on a counter or bulletin board.
- Please make sure signers include the <u>municipality</u> in which they live as well as their mailing address.
- Signers may not sign the nomination paper of more than one candidate for Assembly.
- When you are finished circulating the paper, you must sign the certification at the bottom of the paper.
- Please return the nomination paper to **Shannon at 429 Jefferson Street, River Falls, Wisconsin 54022.**
- Thank you for your support!

## 30<sup>th</sup> Assembly District Municipalities

### **Pierce County**

- Town of River Falls
- City of River Falls

### **St. Croix County**

- Town of Hudson
- Town of Kinnickinnic
- Town of Richmond
- Town of St. Joseph
- Town of Troy
- Town of Warren
- Village of North Hudson
- Village of Roberts
- City of Hudson
- City of River Falls